

## CANADA'S MEDICARE DEBATE MOVES TO UK

Canadians visiting England in September could be forgiven if they thought they were hearing an instant replay of Canada's debate on the future of medicare. The *Times* reported Sept. 20 that a "crusade" to defend the National Health Service (NHS) is being urged after a report claimed that the NHS could not survive in its current form without additional private funding. The newspaper said the report, from a group chaired by the former chief executive of the NHS, "raised the prospect of limiting NHS provision to core services, available free to all, with charges levied for treatments not on the list or for patients wanting to jump the queue."

Health unions reacted angrily, saying that such "insidious undermining" of the NHS must be challenged. However, a former NHS trust chairperson said the report did not go far enough. "The NHS should be privatized," said Roy Lilley. "It is a living example of a nationalized industry that is dying on its feet." Member of Parliament Stephen Dorrell said he did not "personally warm to the proposition that we should introduce the principle that access to health care should be determined by the size of somebody's wallet."

## WHO'S "RAPID-REACTION" TEAM TO OFFER FIRST-LINE PREVENTION

Just as armies use "rapid-reaction" regiments to deal with quickly devel-

oping threats, the World Health Organization (WHO) has established a rapid-response unit to help control and prevent new and emerging diseases. The move is being made in response to the outbreak of the Ebola virus in Zaire earlier this year. WHO says it will now be able to place teams and their equipment and supplies on-site within 24 hours of the notification of an outbreak. Dr. Hiroshi Nakajima, WHO's director-general, said the move is one type of the "proactive" action needed to deal with diseases that spread rapidly.

He said WHO's rapid arrival in Zaire after this year's outbreak of Ebola hemorrhagic fever was crucial because it meant the outbreak was contained rapidly and its spread to the country's capital, Kinshasha, was prevented.

## MEDICAL-SCHOOL GRADUATION DELAYED FOR 12% IN 1995

Graduates from Canadian faculties of medicine are earning their medical degrees at older ages than before, says the October edition of the Association of Canadian Medical Colleges (ACMC) *Forum*, and 12% of 1995 graduates experienced at least a 1-year delay in earning their degrees. An analysis by Eva Ryten, the ACMC's director of research, found that 10.2% of men and 14.6% of women among the 1744 confirmed and expected 1995 graduates had experienced 1 or more years of delay in earning their degrees. Among reasons for the delay were the need to repeat a year in medical school, voluntary

prolongation of program, sickness, maternity leave and graduate studies.

Of the 1995 graduates, 36% were more than 26 years old at graduation and 20% were 29 years of age or older. Ryten said the study was undertaken because age at graduation holds implications for medical practice. For instance, it can affect career choice because older graduates are less likely to choose specialties requiring lengthy postgraduate training. It can also affect workforce planning because younger graduates have longer careers. There are also costs to the health care system because it costs the same to educate a physician who will provide 40 years of professional service as one who will provide 15 years. "Considering the degree of selection of medical students (only 20% to 25% of applicants gain admission), the high degree of motivation of medical students, the emphasis in selection on maturity and the high cost of a year of medical education, 12% [experiencing a delay] is a figure to think about," she said.

## REGIONALIZATION TREND IN MANITOBA

Manitoba will establish 10 regional health associations in northern and rural areas by the end of the year. The provincial government says local authorities will be able to make the best decisions about health care needs, services, programs and care delivery. The regional structure also will enhance recruitment of physicians to rural and northern areas, the government said, because it will en-

courage pooling and consolidation of resources, development of a more effective support system, and sharing of scarce specialty resources.

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## IVF SUCCESS LINKED TO HORMONE LEVELS

A research team from the University of Western Ontario says hormone testing may save infertile couples from embarking on unsuccessful attempts at in-vitro fertilization. In a study involving 700 women, researchers led by Dr. James Martin of the Department of Obstetrics and Gynaecology measured the levels of follicle stimulating hormone (FSH) 3 days into the menstrual cycle. Levels are normally very low at the beginning of a menstrual cycle.

Researchers found that when FSH levels were higher than normal even once, the rate of success was reduced by half; when elevated levels were found during more than one cycle, no pregnancies resulted. In a news release, Martin stated that hormone tests could determine the stage at which the chance of pregnancy is negligible. Results of the study were presented at a recent meeting of the American Society for Reproductive Medicine.

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## RIGHT-TO-LIFE GROUP ON INTERNET

The *Hill Times*, a weekly newspaper that covers Parliament Hill, reports that the Kelowna Right to Life organization has established an Internet link to counter the appearance several months ago of an Internet-based right-to-die information service (see Gray C: Death on the Internet. *Can Med Assoc J* 1995; 153: 193-195). The pro-life group established LifeNET, which boasts "over 180 links to government, medical, educational, research, abortion, euthanasia, adoption, family and

other bioethical and moral issue resources." The World Wide Web address is <http://www.awinc.com/partners/bc/compass/lifenet/lifenet.htm>.

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## SUMMARY OF HEART SURVEYS AVAILABLE

A summary of 10 provincial heart-health surveys carried out between 1986 and 1992 is available from Health Canada. The report, *Canadians and Heart Health: Reducing the Risk*, indicates that two of three Canadians have at least one major risk factor for cardiovascular disease. The surveys of more than 23 000 Canadians aged 18 to 74 were a collaborative effort under the Canadian Heart Health Initiative. For copies contact Health Canada Publications, 613 954-5995.

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## POSTER, TV SPOTS TARGET SIDS

A poster and 30-second television public-service announcement are part of a new public-awareness campaign designed to inform parents and caregivers about reducing the risk of sudden infant death syndrome (SIDS). The campaign is being undertaken by the Canadian Foundation for the Study of Infant Deaths, the Canadian Institute of Child Health, the Canadian Paediatric Society and Health Canada.

A recent Canada Health Monitor survey indicated that even though many respondents were aware of SIDS, they knew little about recommended sleeping positions for babies, the effects of smoking while pregnant and after a baby is born, the connection between the temperature of the baby's room and SIDS risk, and the benefits of breast-feeding. For copies of the poster, which outlines ways to reduce the risk of SIDS, call 613 957-7193.

## FRASIER CRANE NOT ONLY MD ON THE AIRWAVES

Dr. Aidan Drover, a family physician in Carbonear, Nfld., with a penchant for radio work, is back on the province's airwaves this fall by popular demand. After his open-line radio show dealing with medical care drew large numbers of listeners from January to June 1995, a radio station invited him to continue with his own daily show this fall. He answers calls from radio studios in Carbonear, although one Friday a month he does the show from St. John's, where he invites a colleague to join him.

In the Newfoundland and Labrador Medical Association's newsletter *Communiqué*, Drover said "callers ask just about anything. I'm pretty easygoing with people, and the communication is good. And I don't mind saying 'I don't know' and will do my best to get an answer for a caller. Maybe that's why it works." Drover's show is called *Ask the Doctor*.

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## CLASS-ACTION SUIT TARGETS TOBACCO COMPANIES

Smokers with diseases and medical conditions caused by cigarettes and the survivors of smokers are launching a class-action suit against the Reynolds Tobacco Company in Dade County Circuit Court, Florida. In a letter to the *Canadian Journal of Respiratory Therapy*, Miami lawyer Stanley Rosenblatt said the case is the first in the history of US tobacco litigation to be certified and accorded the status of a national class action. Rosenblatt noted that the trial judge is determining the form and method of notifying millions and smokers and the survivors of smokers that the action is pending.